



Health Services

LOS ANGELES COUNTY

Los Angeles County
Board of Supervisors

May 21, 2012

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TO: Each Supervisor

FROM: Mitchell H. Katz, M.D.
Director of Health Services

SUBJECT: **ENSURING CONTINUITY OF CARE FOR RYAN
WHITE BENEFICIARIES**

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On September 20, 2011 your Board directed the Departments of Health Services (DHS), Public Health (DPH) and Mental Health (DMH) to 1) Notify the Board of Supervisors (Board) before any provider agreements or amendments are finalized; 2) Provide bi-weekly reports to the Board on the status of County efforts to obtain a Medicaid Waiver amendment to offset the additional County costs; and 3) Provide the Board offices with a written Ryan White patient care transition plan and monthly reports on efforts to ensure continuity of care.

PROVIDER AGREEMENT NOTIFICATION

On September 30, 2011, DHS notified your Board of its intent to execute amendments to existing Healthy Way LA (HWLA) agreements and enter into new HWLA agreements with seven Ryan White (RW) providers that are not currently part of the HWLA network. On December 21, 2011, DMH notified your Board of its intent to execute Agreements or Amendments with RW providers. DPH will also notify your Board in advance of executing provider agreements related to this matter.

EFFORTS TO OBTAIN MEDICAID WAIVER AMENDMENT

The proposed Waiver amendment is still under review by the federal Centers for Medicare and Medicaid (CMS).

To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.



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RYAN WHITE PATIENT CARE TRANSITION PLAN

Transition Timing

The California State Office of AIDS (OA), through its AIDS Drug Assistance Program (ADAP), is now preparing to adjust its eligibility screening process to include LIHP eligibility as of July 1, 2012. Patients will be transitioned on a monthly basis, according to birth month, as part of their annual redetermination of eligibility for ADAP.

For several months, DHS, DMH and DPH have been working together to put appropriate systems in place to support transitioning HIV patients. As the transition date nears, we are increasing our communication and training activities for HIV care providers, as well as finalizing implementation of our pharmacy network and other critical implementation details as described further below.

DHS Healthy Way LA Contracts

HWLA contracts for current Community Partners (CPs) were updated to include HIV services and add the pharmacy dispensing fee approved by your Board on September 20, 2011. In addition, HWLA contracts were offered to the seven RW providers that were not previously HWLA CPs. DHS made the amendments and contracts available to current and potential CPs for execution by November 1, 2011. At this time, all current HWLA CPs have signed contract amendments. Of the seven RW providers offered new agreements, six have signed and the remaining provider has indicated its intent to sign.

Ensuring Access to Pharmaceuticals

Under the leadership of its Chief Pharmacy Officer (CPO), DHS is taking several steps to ensure that medication access is not disrupted for RW patients transitioning to HWLA.

1. Pharmacy Administrator Contract – On February 7, 2012 your Board approved delegated authority for DHS to execute a contract with Ramsell Public Health Rx for pharmaceutical costs, pharmacy dispensing fees and contract pharmacy administrator services. Ramsell, DHS, and HIV CPs have taken significant steps in the implementation process for the contracted pharmacy network for HIV patients.

Most CPs have signed agreements with Ramsell, and other clinics, including DHS clinics have agreements in process. These contracts allow clinics to have expanded pharmacy networks tailored to the needs of their patients, and to streamline pharmacy billing and reimbursement processes.

CPs are not required to participate in the Ramsell contract. However, all CPs, regardless of whether they have signed an agreement with Ramsell, are required to provide medically necessary medications to patients as part of their HWLA contracts. DHS has explained this requirement, and CP alternatives to contracting with Ramsell, at a provider meeting March 15, 2012; in a provider letter sent May 18, 2012; and during individual outreach to providers. This will also be discussed at a June 4, 2012 meeting for providers.

2. Formulary Assessment – The CPO has completed a comparison of the DHS drug formulary and the AIDS Drug Assistance Program (ADAP) formulary and discussed results with the medical director for DPH's Division of HIV and STD Programs (DHSP). In addition, the CPO has worked with DMH and DHSP on changes needed to accommodate drugs for mental health care. A process has been determined to review future pharmaceutical formulary requests.
3. Response to pharmacy concerns – DHS and DHSP have held several meetings and calls with HIV specialty pharmacies to discuss concerns they have related to the transition from ADAP to HWLA. We will continue to respond to questions and suggestions as they arise.

Ensuring Continuing Access to Specialty Care

Currently RW patients access specialty care in the following ways: 1) referral to DHS; 2) through a network of specialists known as the CHAIN network, funded by DHSP and managed by AIDS Healthcare Foundation (AHF); and 3) onsite at RW provider sites.

DHS has constructed revised HWLA Matched contracts to allow HIV providers to continue to access specialty care through these mechanisms to ensure continuity of care. HWLA referrals to the CHAIN network will be managed through DHSP RW contracts (with billing to HWLA), and will be governed by the same referral protocols and utilization review procedures currently in place for RW contracts. Only HIV-related specialty needs will be referred to CHAIN, which is consistent with the current RW system.

A HWLA contract amendment is also planned to increase access to high-end diagnostic services by non-DHS providers.

In addition, DHS continues to decompress DHS specialty clinics and increase access for all patients, including those transitioning from RW.

Eligibility Screening and Enrollment for RW Patients

DHS and DPH have developed a process to streamline eligibility screening and enrollment for HWLA-eligible RW patients. Patients will be screened for HWLA during their annual ADAP eligibility screenings, which usually take place at their HIV provider location or an AIDS service organization. This process facilitates HWLA transition for the patient using providers and processes they are already familiar with.

These providers will receive training from DPH, DHS and OA on changes to the ADAP process and HWLA screening and enrollment during the second half of June. This will include training on Your Benefits Now, the new HWLA enrollment system being rolled out throughout the County.

HWLA resources are also available to providers via DHS' HWLA website www.ladhs.org/hwla, including training videos and materials, all necessary forms and documentation, HWLA brochures, FAQs, and the weekly HWLA enrollment call for all providers and staff. If needed, DHS can provide an additional follow-up training within the first few months after ADAP eligibility workers have gained some experience doing HWLA enrollment. There are approximately 170 staff identified that will be doing screening and enrollment for this population that will likely need this training.

OA has confirmed that ADAP will fulfill medication needs of Los Angeles County patients for 90 days while their HWLA applications are in process. There are provisions for additional 30 day refills and grace periods under certain circumstances for individuals with unresolved status at the end of the initial grace period.

DHS is also reviewing membership materials provided to new HWLA enrollees to determine if any modifications are needed to information related to selection of medical homes.

Mental Health

DMH, DHS and DPH worked together to resolve issues related to covered diagnoses for mental health. DHS intends to amend HWLA agreements to remove certain mental health-related diagnoses from the DHS Excluded Services list so CPs will have access to these diagnoses in the DHS claiming system for medication support services.

HWLA mental health contracts and contract amendments have been executed with Northeast Valley Health Corporation, Catholic Healthcare West - St. Mary Medical Center, Children's Hospital Los Angeles, and the City of Pasadena. DMH is presently developing a HWLA contract with the City of Long Beach. Three other providers, AIDS Healthcare Foundation, the Los Angeles Gay and Lesbian Community Services Center, and Miller Children's Hospital at Long Beach Memorial Medical Center have indicated their intent to execute a HWLA mental health contract but have not yet done so. Lastly,

two providers, The Catalyst Foundation for AIDS Awareness and Care and Watts Healthcare Corporation have declined to execute a HWLA mental health contract, so DMH is working with these Community Partners to establish referral relationships to DMH directly-operated or Legal Entity providers for patients in need of specialty mental health services.

RW-Funded Contracts

DHS and DPH have determined that a significant portion of Angelenos living with HIV will continue to rely on a mix of HWLA and RW-supported services in order to thrive. To this end, DHSP will amend relevant contracts to deploy linkage and care coordination services not covered under HWLA. These services will be deployed in the medical homes chosen by patients seeking HWLA/RW-supported HIV medical services.

DHSP is commencing deployment of new contracts for fee-for-service (FFS) medical outpatient services, as well as new and amended contracts for medical care coordination (MCC). DHSP will be holding a meeting with Ryan White medical outpatient providers, scheduled for May 22, 2012, at which time the implementation of new FFS-based medical outpatient services and medical care coordination (MCC) services will be discussed. These new contracts are intended to begin August 1, 2012.

Community Communication Strategy

The three departments have developed a communication strategy to ensure that stakeholders are able to access information regarding the HWLA transition. The communication strategy includes the following:

- On May 18, 2012 DHS sent DHS clinics and CPs a letter updating them on transition timing and process issues.
- On June 4, 2012, the departments will host a provider information meeting to go over transition implementation plans.
- During the second half of June, several trainings will be provided for CP and DHS staff on eligibility and enrollment procedures for transitioning HIV patients.
- DPH is working in collaboration with the Commission on HIV to develop materials for patients who will be impacted by the transition to HWLA.

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- DHS posted a letter to patients about the transition on the HWLA website. This letter was also distributed to DHS and CP HIV providers for use with patients. A Spanish-language version of this letter has been created and has also been posted and distributed to providers. DHS plans to update this patient letter again before July 1, 2012.
- DPH has set up an e-mail account for medical providers to submit their HWLA transition questions. Questions will be answered weekly via a Frequently Asked Questions document, now posted on the DHSP website.
- DHS has created an email address providers can use to submit pharmacy-related questions on the transition.
- DHS and DPH have also participated in numerous calls and meetings with pharmacies to answer questions about pharmacy plans for the transition.
- DHS trained HWLA member services representatives to answer questions from transitioning RW clients.

NEXT STEPS

DHS, DPH and DMH will continue working together, and with HIV community providers, to ensure continuity of care for patients transitioning from RW to HWLA; and will provide ongoing status updates to your Board.

If you have any questions or require additional information, please let me know, or you may contact Wendy Schwartz, Director of Board Relations, at 213-240-8104.

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c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors